[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

JK

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SEP 28 2017

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Sonya L. Fryer
(Name of the plaintiff or plaintiffs)

v.

Walmart Stores Inc
(Name of the defendant or defendants)

17-cv-07019
Judge Elaine E. Bucklo
Magistrate Judge Young B. Kim

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.

2. The plaintiff is Sonya L. Fryer of the county of Cook in the state of Illinois.

3. The defendant is Walmart Stores Inc, whose street address is 4971 W. Cal Sag Rd, (city) Crestwood (county) Cook (state) Illinois (ZIP) 60445

(Defendant's telephone number) (708)-489-5547 / 1-800-963-8442

4. The plaintiff sought employment or was employed by the defendant at (street address) 4700 135th Street (city) Crestwood (county) Cook (state) IL (ZIP code) 60445

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

5. The plaintiff [***check one box***]

(a) ☐ was denied employment by the defendant.

(b) ☐ was hired and is still employed by the defendant.

(c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about, (month) 06, (day) 20, (year) 2016

7.1 ***(Choose paragraph 7.1 or 7.2, do not complete both.)***

(a) The defendant is not a federal governmental agency, and the plaintiff [*check one box*] ☐ *has not* ☒ *has* filed a charge or charges against the defendant asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

(i) ☒ the United States Equal Employment Opportunity Commission, on or about (month) 08 (day) 29 (year) 2017.

(ii) ☐ the Illinois Department of Human Rights, on or about (month)________ (day)______ (year)______.

(b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. ☒ YES. ☐ NO, **but plaintiff will file a copy of the charge within 14 days**.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

(a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month)________________ (day)_______ (year) __________

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month)____________ (day) _________ (year) __________.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. *(Complete paragraph 8 only if defendant is not a federal governmental agency.)*

(a) ☐ the United States Equal Employment Opportunity Commission has not issued a *Notice of Right to Sue.*

(b) ☒ the United States Equal Employment Opportunity Commission has issued a *Notice of Right to Sue*, which was received by the plaintiff on (month) 09 (day) 11 (year) 2017 a copy of which *Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [***check only those that apply***]:

(a) ☐ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

(c) [X] Disability (Americans with Disabilities Act or Rehabilitation Act)

(d) [ ] National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

(e) [ ] Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

(f) [ ] Religion (Title VII of the Civil Rights Act of 1964)

(g) [ ] Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).

11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C.§1331, 28 U.S.C.§1343(a)(3), and 42 U.S.C.§2000e-5(f)(3); for 42 U.S.C.§1981 and §1983 by 42 U.S.C.§1988; for the A.D.E.A. by 42 U.S.C.§12117; for the Rehabilitation Act, 29 U.S.C. § 791.

12. The defendant [***check only those that apply***]

(a) [ ] failed to hire the plaintiff.

(b) [X] terminated the plaintiff's employment.

(c) [ ] failed to promote the plaintiff.

(d) [ ] failed to reasonably accommodate the plaintiff's religion.

(e) [X] failed to reasonably accommodate the plaintiff's disabilities.

(f) [ ] failed to stop harassment;

(g) [ ] retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;

(h) [ ] other (specify): Did not communicate directly with Plaintiff, text, video Phone or Interpreter.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Walmart was aware of my disability upon hiring, during my hiring, interview, orientation, training computer testing, illness during of injury, and regarding termination. An interpreter was next present or hiring.

13. The facts supporting the plaintiff's claim of discrimination are as follows:

1) Interview information.

2. Requesting my mother to interpreter knowing she was not State License interpreter @ Last moment!

3. During my training, computer testing and during work time. They continously ask other employees to explain and show me work duties.

4. Never spoke with me directly regarding work during my work at Walmart.

14. [*AGE DISCRIMINATION ONLY*] Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff [***check only those that apply***]

(a) ☐ Direct the defendant to hire the plaintiff.

(b) ☐ Direct the defendant to re-employ the plaintiff.

(c) ☐ Direct the defendant to promote the plaintiff.

(d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.

NO (e) ☒ Direct the defendant to reasonably accommodate the plaintiff's disabilities.

(f) ☐ Direct the defendant to (specify): ______________________

____

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

(g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☐ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature) [signature]

(Plaintiff's name) Sonya L. Fryer

(Plaintiff's street address) 12804 S. Ada St

(City) Calumet Park (State) IL (ZIP) 60827

(Plaintiff's telephone number) (708) - 200-2556 (voice)
Sonya Fryer Video Phone # (708) 377-6038

Date: Sept 27, 2017

Sonya Fryer

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Thank you for using the EEOC Assessment System. The information you gave us indicates that your situation may be covered by the laws we enforce. If you want to file a charge, you can start the process by filling out the Intake Questionnaire, signing it, and either bringing it or mailing it to the EEOC office listed below right away. If you live within 50 miles of the EEOC office listed below, we recommend that you bring the completed questionnaire with you to this office to discuss your situation.

Please visit the EEOC website
to obtain a mailing address.

If you would like to bring the questionnaire to us in person instead of mailing it to us, please click http://www.eeoc.gov/field/index.cfm to find out the office hours of the EEOC office closest to you. If you would like to fax the questionnaire to us, please click http://www.eeoc.gov/field/index.cfm to find out the fax number of the office nearest to you.

You should be aware that filing a charge can take up to two hours. If you find that you are having difficulty completing the questionnaire on your own, you may call the number below for assistance.

Please be sure to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete all pages and sign the last page.
- Attach additional pages if you need more space to complete your responses.

You can find out more information about the laws we enforce and our charge-filing procedures on our website at www.eeoc.gov.

If you want to file a charge about job discrimination, there are time limits to file the charge. In many States that limit is 300 days from the date you knew about the harm or negative job action, but in other States it is 180 days. To protect your rights, it is important that you fill out the questionnaire, sign it, and bring it or send it to us right away.

Filling out and bringing us or sending us this questionnaire does not mean that you have filed a charge. This questionnaire will help us look at your situation and figure out if you are covered by the laws we enforce. If you live within 50 miles of the office listed above, we recommend that you bring the completed questionnaire to us to discuss your situation. If you mail the completed questionnaire to us, someone from the EEOC should contact you by mail or by phone within 30 days. If you don't hear from us in 30 days, please call us at **1-800-669-4000**.

Sincerely,

U.S. Equal Employment Opportunity Commission

If Job Applicant, Date You Applied for Job 6/3/2016 Job Title Applied For Associate Position
my WIN # 222418175

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. *If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to* Retaliation.

☐ Race ☐ Sex ☐ Age ☒ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:

☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: N/A

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain). Failure to comply with ADA Laws.

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. **Please attach additional pages if needed.**
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 7/30/2016 Action: Failed to provide any reasonable form of communication accomodations.

Name and Title of Person(s) Responsible: Walmart - Staff seem to lack ADA Laws.

B) Date: 7/30/2016 Action: See other side for comments.

Name and Title of Person(s) Responsible: Immediate Supervisor - Jennifer Bell

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

See other side for comments. →

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

See other side for comments →

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Unknown		Unknown

Description of Treatment: Other employees with disabilities recieved ADA Accomodations

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
	N/A	

Description of Treatment: Other ~~emplotees~~ ERROR SP with disabilities

See other side →

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.**

1. Personal Information

Last Name: FRYER First Name: SONYA MI: Ladella
Street or Mailing Address: 12804 SO. AdA Apt Or Unit #: HOUSE
City: Calumet PARK County: COOK State: IL ZIP: 60827
Phone Numbers: Home: (~~708) 388-2126~~ Work: (800) 775-5944 (No Longer Employed)
* Cell: (708) 200-2556 Email Address: sonyaladella@yahoo.com
Date of Birth: 04/12/1984 Sex: Male ☐ Female ☒ Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White ☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? ______

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:
Name: ELAINE ECHOLS Relationship: Mother
Address: 12804 SO. AdA City: Calumet Park State: IL Zip Code: 60827
Home Phone: (708) 388-2126 Other Phone: (708) 200-2556

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) ______

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: Walmarts Stores, INC
Address: 4700 135th Street County: COOK
City: CRESTWOOD State: IL Zip: 60445 Phone: (800) 775-5944 - Associates Help Li
Type of Business: Department Store Job Location if different from Org. Address: Store #
Human Resources Director or Owner Name: Walmarts Global Ethnic Office Phone: 800-963-8442

Number of Employees in the Organization at All Locations: Please Check (√) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you can) **Are you a Federal Employee?** ☐ Yes ☒ No

Date Hired: 6/20/2016 Job Title At Hire: Apparel/Home Sale Associate
Pay Rate When Hired: $9.00 Hourly Last or Current Pay Rate: Same as hired rate
Job Title at Time of Alleged Discrimination: Apparel/Home Ass. Date Quit/Discharged: 7/30/2016
Name and Title of Immediate Supervisor: Jennifer Bell

#5b- Firing was inappropriate. I did not recieve any written documentation, No specific policies or manul was given for personal awareness regarding Walmart's fam. leave of absentee or Injury policy & procedu

#6- (A) There was no consideration/follow up or assistance related to my on the job injury. I believe I should have been given the opportunity to return to work

(B) I was denied the opportunity to return to work after I provided the medical documentation to perform my duties without limitations, as stated on return medical Note.

(C) The method used to fire me was inconsiderate and inappropriate. Due to my hearing impairment (disability) Walmarts failed to provide any form of reasonable accomodati as reqquired by the ADA laws.

#7 I recieved a statement informing me in order to be determined for a leave two items need to occur:

1- I must meet the eligibility requirements of (hours and length of service).

2- I had to provide medical documents to support my request for leave, in which I did provide.

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name	Race, sex, age, national origin, religion or disability: N/A	Job Title: N/A
Description of Treatment		
B. Full Name	Race, sex, age, national origin, religion or disability: N/A	Job Title: N/A
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name	Race, sex, age, national origin, religion or disability: N/A	Job Title: N/A
Description of Treatment		
B. Full Name	Race, sex, age, national origin, religion or disability: N/A	Job Title: N/A
Description of Treatment		

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- [X] Yes, I have a disability
- [ ] I do not have a disability now but I did have one
- [ ] No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

uring Orientation Walmart should have followed the ADA laws to request nd provide a reasonable form of communication accomodations. failed o utilize closed captions/interpreter for reviewing new employees orientation fil

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes [ ] **No** [X]

If "Yes," what medication, medical equipment or other assistance do you use?

N/A

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes [X] **No** [ ]

If "YES", when did you ask? 06/20/2016 How did you ask (verbally or in writing)? my mother verbally requested interpre PRIOR to scheduling my orientation date.

Who did you ask? (Provide full name and job title of person)

Supervisor/facilit's Manager - Jennifer Bell

Describe the changes or assistance that you asked for: Interpreter would assisted with my gaining specific knowledge of Walmart's Job description, responsibilities, Policies and professional Obligations

How did your employer respond to your request?

Verbally - Informed my mother (Elaine Echols) that notice of requesy for services required additional time in advance. As a result, my mother volunteered to assist with helping me.

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
Elaine Echols	Does not work for Walmarts	12804 So Ada - Calumet Park IL. 708-200-2556

What do you believe this person will tell us? Will be able to verify request for interpreter my mother had to take time to accompany me to assist with intepreting for me. Also acted as mediator to save my)

B. Full Name	Job Title	Address & Phone Number
	N/A	

What do you believe this person will tell us? N/A

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

N/A

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☐ No ☒

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

No not at this time.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.**

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. **I also understand that I could lose my rights if I do not file a charge in time.**

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that **the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Sonya Fryer — **Signature**

6/30/2017 — **Today's Date**

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (9/20/08).
2. **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC 440-2017-04672

Illinois Department Of Human Rights and EEOC

State or local Agency, if any

Name *(indicate Mr., Ms., Mrs.)*	Home Phone *(Incl. Area Code)*	Date of Birth
Ms. Sonya L. Fryer	**(708) 388-2126**	**1984**

Street Address City, State and ZIP Code

12804 S. Ada, Calumet Park, IL 60827

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. *(If more than two, list under PARTICULARS below.)*

Name	No. Employees, Members	Phone No. *(Include Area Code)*
WAL MART	**201 - 500**	**(708) 489-5547**

Street Address City, State and ZIP Code

4700 W. 135th Street, Crestwood, IL 60445

Name	No. Employees, Members	Phone No. *(Include Area Code)*

Street Address City, State and ZIP Code

RECEIVED EEOC

AUG 29 2017

CHICAGO DISTRICT OFFICE

DISCRIMINATION BASED ON *(Check appropriate box(es).)*

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN

☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ GENETIC INFORMATION

☐ OTHER *(Specify)*

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest **07-30-2016**

☐ CONTINUING ACTION

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s)):*

I began my employment with Respondent on or about June 20, 2016. My most recent position was Apparel/Home Sale Associate. Respondent is aware of my disability. I requested a reasonable accommodation which was not provided. On or about July 30, 2016, I was discharged

I believe that I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – *When necessary for State and Local Agency Requirements*

I declare under penalty of perjury that the above is true and correct.

August 18 2017 [signature]

Date *Charging Party Signature*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE *(month, day, year)*

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
PH: (312) 869-8000
TTY: (312) 869-8001
ENFORCEMENT FAX: (312) 869-8220
STATE & LOCAL FAX: (312) 869-8077
LEGAL FAX: (312) 869-8124

FILE REVIEWS FAX: (312) 869-8220
MEDIATION: (312) 869-8060
HEARINGS FAX: (312) 869-8125

NOTICE OF DISCLOSURE RIGHTS

Parties to an EEOC charge are entitled to review and obtain copies of documents contained in their investigative file. Requests must be made in writing to **Sylvia Bustos** and either mailed to the address above, faxed to **(312) 869-8220** or sent via email to sylvia.bustos@eeoc.gov (please chose only one method, no duplicate requests). ***Be sure to include your name, address, phone number and EEOC charge number with your request***.

If you are the Charging Party and a RIGHT TO SUE has been issued, you may be granted access to your file:

* **Before filing a lawsuit, but within 90 days of your receipt of the Right to Sue, or**

* **After your lawsuit has been filed. If more than 90 days have elapsed since your receipt of the Right to Sue, include with your request a copy of the entire court complaint (with court stamped docket number) or enough pages to determine whether it was filed based on the EEOC charge.**

If you are the ***Respondent*** you may be granted access to the file ***only after*** a lawsuit has been filed. Include with your request a copy of the entire court complaint that includes an official court stamped docket number.

Pursuant to federal statutes, certain documents, such as those which reflect the agency's deliberative process, will not be disclosed to either party.

You must sign an Agreement of Nondisclosure **before** you are granted access to the file, which will be sent to you after receipt of your written request. (Statutes enforced by the EEOC prohibit the agency from making investigative information public.)

The process for access to the file will begin no later than ten (10) days following receipt of your request.

When the file becomes available for review, you will be contacted. You may review the file in our offices and/or request that a copy of the file be sent to you. Files may not be removed from the office.

Your file will be copied by **Aloha Print Group, 60 East Van Buren, Suite 1502, Chicago, IL 60605, (312) 542-1300.** You are responsible for the copying costs and must sign an agreement to pay these costs before the file will be sent to the copy service. Therefore, **it is recommended that you first review your file** to determine what documents, if any, you want copied. EEOC will not review your file or provide a count of the pages contained in it. If you choose not to review your file, it will be sent **in its entirety** to the copy service, **and you will be responsible for the cost**. Payment must be made directly to **Aloha Print Group,** which charges 15 cents per page.

(Revised 04/20/2016, previous copies obsolete)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office
500 West Madison St., Suite 2000
Chicago, IL 60661
PH: (312) 869-8000
TTY: (312) 869-8003
ENFORCEMENT FAX: (312) 869-8220

September 5, 2017

Sonya L. Fryer
12804 S. Ada
Calumet Park, IL 60827

Fryer v. Wal-Mart
Charge# 440-2017-04672

Dear Ms. Fryer:

Enclosed please find a stamped copy of the charge of discrimination. Please retain it for your records.

Sincerely,

Greg Mucha
Federal Investigator

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Sonya L. Fryer**
12804 S. Ada
Calumet Park, IL 60827

From: **Chicago District Office**
500 West Madison St
Suite 2000
Chicago, IL 60661

☐ *On behalf of person(s) aggrieved whose identity is CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.	EEOC Representative	Telephone No.
440-2017-04672	**Gregory T. Mucha, Investigator**	**(312) 869-8135**

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐ Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☒ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐ Other *(briefly state)*

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Julianne Bowman [signature]

Julianne Bowman,
District Director

9/11/17
(Date Mailed)

Enclosures(s)

cc: **Scott A. Forman**
Shareholder
WALMART STORES, INC.
C/O Littler Mendelson, PC
2301 McGee Street, Suite 800
Kansas City, MO 64108

Statement of Final Pay

Wal-Mart Associates, Inc. 702 S.W. 8th St., Bentonville, Arkansas 72716.

*****1211
SONYA L FRYER
12606 S. HONORE
RIVERDALE, IL 60827

Date
08-10-2016

Payee	Type	Account #	Amount
SONYA L FRYER	WSCHK		211.90
		Amount Due To Associate	**211.90**

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Single	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING			$0.00	$1,251.81	FEDERAL TAX	$0.00	$90.55
ZERO FINAL PAY			$0.01	$0.01	SOCIAL SECURITY	$0.00	$95.76
					ILLINOIS	$0.00	$46.92
					IN TRANSIT D	($211.90)	($211.90)
					ZERO FINAL PAY	$0.01	$0.01
					CHECK DEPOSIT	$0.00	$504.87

	Earnings	Taxes	Deductions	Net Pay
Current	**$0.01**	**$0.00**	**($211.89)**	**$211.90**
Year to Date	**$1,251.82**	**$233.23**	**($211.89)**	**$1,230.48**

Advice No.	Amt. Due Associate
193027277	**$ 211.90**

I have reviewed the above pay stub in its entirety and certify that I have received the payment of wages and other pay currently due.

Signature: [signature] **Date:** 8/10/2016

Method of Payment: Check **Reference #:** ____________

WIRE Knowhow Help Terms and Conditions

Exit Interview Form

Wal-Mart Stores, Inc.
EXIT INTERVIEW

Printed From GAIN - GAIN # 9476733
Associate Information

Associate Name :SONYA FRYER WIN : 222418175 SSN # : xxx-xx-1211

Address :12606 S. HONORE, RIVERDALE, IL - 60827 US Phone: 7733088371

Facility #:3601 Division # : 1 Associate Type: Hourly

Last Worked Date:08/01/2016 Effective Date: 08/10/2016

Last Position Held:- Last Rate of Pay:

Company Property Information

The following applicable Wal-Mart property must be collected at the time of Exit Interview.

■ **Badge** ■ **Discount Card** ■ **Membership Card** ■ **Company Issued Clothings** ■ **Weight Belt**

■ **Box Cutter** ■ **Freezer Gear**

Note : To be considered for re-employment, you must re-apply. Your previous work record with Wal*Mart Stores, Inc. will be reviewed.
The Company assumes no obligation to contact you for possible re-employment. Where state laws allow, a Neutral Reference will be provided to external employers seeking information regarding your employment with Wal*Mart Stores, Inc. Dates of employment and last position held is the only information that will be released.

Summary of Termination Information

Termination Type:	Involuntary Termination	**Eligible for Rehire Status:**	Rehirable
Termination Reason:	Excessive Absences and/or Tardies	**Last Day Worked:**	08/01/2016

Manager Comments

Sonya has accumulated 9 days absent within a rolling six month period. This is in violation of Walmart's Attendance Policy.

Signatures

Associate Name :	**SONYA FRYER**	**Date:**		**Electronic Acknowledge:**	**No**
Supervisor Name :	**ZELDA WILLIAMS**	**Date:**	**08/10/2016**	**Electronic Acknowledge:**	**Yes**
Witness Name :	**KAREN GARRETT**	**Date:**	**08/10/2016**	**Electronic Acknowledge:**	**Yes**

Provided below is important information related to your separation....

COBRA	Continuation of Benefits	(800) 421-1362
DISCOUNT CARD - RETIREE	Application Information	(800) 421-1362
LIFE INSURANCE	Conversion of Benefits	(877) 740-2116 * must call within 31 days of date coverage ends
PROFIT SHARING	Account Information	(888) 968-4015
STOCK OWNERSHIP	Account Information	(800) 438-6278
401K	Account Information	(888) WMT401K OR (888) 968-4015
RESOURCES FOR LIVING	Counseling Service	(800) 825-3555

6/20 to 6/24 Training / Test Computer

NO interpreter 2016

NO Interpreter

New Associate Schedule

New Associate's Name: Sonya Fryer Hire Date: 6/20/2016

Welcome! We are glad you are here. Here is some important information to help you to get started on your new job.

Your sponsor's name is ____________________. Your sponsor will oversee your onboarding and acclimation to the store, and ensure you receive the proper training on your specific job functions from your assigned trainer.

Your trainer's name is ____________________. Your trainer will guide you through the training that is specific to your job.

You can always contact any member of management if you have any questions or concerns.

Facility Manager's Name: Jennifer bell Asst Manager's Name: Clinique / Zelda Williams Kevin

Here is your schedule for the next three weeks, your locker number, combination, UserID, and your Cashier ID (if applicable). After the 3rd week, you will be able to view your schedule online in the store or from home (log onto Mywalmart.com).

Sonya's Training Days / Computer Testing without reason accomondations

1st Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Date:			6/20	6/21	6/22	6/23	6/24
Shift Start:			8am	12pm	12pm	12pm	12pm
Shift End:			4pm	4pm	4pm	4pm	4pm

2nd Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Date:							
Shift Start:							
Shift End:							

3rd Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Date:							
Shift Start:							
Shift End:							

Pay periods are bi-weekly, ending every other Friday. Paydays are on Thursday, following the end of the pay period, except where required to be different by state law, or when affected by a holiday. You can expect your first paycheck on: __________.

Locker# ______ Combination ________ UserID ________ Cashier ID ________

Walmart Stores Inc. Confidential ©June 29, 2011

9am - 1pm

Sale Floor

Home Dept

Sonya's Job!

Money

Absences & Attendance

Two types of Absenses

- **Authorized** - not part of your occurrence balance
- **Unauthorized** - not authorized or approved by supervisor

Attendance Occurrence Values

- Unauthorized
  - **Absent** = 1 occurrence
  - **No Call/No Show** = 4 occurrences
  - **Tardy** = ½ occurrence (10 min. after scheduled start time)
  - **Early Out** = ½ an occurrence (10 min. before scheduled end time)

Patient's Name: SONYA FRYER-HAMIDA
Patient's MRN: 1001194630

Accession #

XR-16-0461516

EXAM: XR FOOT LT MIN 3V

CLINICAL INDICATION: Twisting injury one week ago. Lateral pain.

COMPARISON: None.

FINDINGS: AP, lateral, oblique views obtained.
No evidence of fracture, dislocation, bone lesion or arthritic change.

IMPRESSION:

Negative left foot radiographic series.

**** F I N A L ****

Transcribed By: TP
08/05/16 6:38 pm

Dictated By: DRATHS-HANSON-MD, KATHLEEN G MD

Electronically Reviewed and Approved By: DRATHS-HANSON-MD, KATHLEEN G MD 08/05/16 6:39 pm

Advocate Medical Group
AMG-Olympia Fields
4001 Vollmer Rd
Olympia Fields, IL 60461
(708) 481-8883

Return to Work/School Verification
08/05/2016 2:30PM

Patient: SONYA FRYER-HAMIDA
MRN: 1001194630
DOB: 04/12/1984

Return To Work/School Verification
Date: 08/05/2016
Patient's Name: SONYA FRYER-HAMIDA
MRN: 1001194630

TO WHOM IT MAY CONCERN
The above-named person:
Has received treatment at this office on the following dates: 08/05/2016
Has been ill or injured and unable to work from: 07/30/2016 to 08/08/2016
May resume work on: 08/09/2016

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative. Amended : Sarah Esparza ; 08/05/2016 3:46 PM CST.

Signature
Electronically signed by : Lorrin Cash RMA; 08/05/2016 3:39 PM CST.
Electronically signed by : NAVNEET SINGH MD; 08/06/2016 5:37 PM CST.

Advocate Medical Group
AMG-Olympia Fields
4001 Vollmer Rd
Olympia Fields, IL 60461
(708) 481-8883

Return to Work/School Verification
08/10/2016 11:15AM

Patient: SONYA FRYER-HAMIDA
MRN: 1001194630
DOB: 04/12/1984

Return To Work/School Verification
Date: 08/10/2016
Patient's Name: SONYA FRYER-HAMIDA
MRN: 1001194630

TO WHOM IT MAY CONCERN
The above-named person:
Has received treatment at this office on the following dates: 08/10/2016
Has been ill or injured and unable to work from: 08/10/2016 to 08/15/2016
May resume work on: 08/16/2016

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.

Dr Singh.
Signature
Electronically signed by : Iechia Robinson CMA; 08/10/2016 12:11 PM CST.